RECEIVED

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS PRACTICES COMPCOVER PAGE

2012 APR 12 PMAMISSIOMENT

Date Received APR 1202012011

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Miller	Jeff	M
1. Office, Agency, or Court		Management and the Control of Con
Agency Name		
California State Assembly		
Division, Board, Department, District, if applicable	Your Position	
District 71	Assemblymember	
► If filing for multiple positions, list below or on an attachment.		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)	garante de la companya del companya del companya de la companya de	
State ■ State	☐ Judge or Court Commissio	oner (Statewide Jurisdiction)
Multi-County		
City of	•	
☐ City oi	UUIIGI	
3. Type of Statement (Check at least one box)		Security of the second
Annual: The period covered is January 1, 2011, through December 31, 2011.	Leaving Office: Date Let (Check one)	eft/
The period covered is/, through December 31, 2011.	ough O The period covered is leaving office.	s January 1, 2011, through the date of
Assuming Office: Date assumed/	The period covered is the date of leaving offi	s, through ffice.
Candidate: Election Year Office sought,	t, if different than Part 1:	
4. Schedule Summary		1-
	Total number of pages including	this cover page:
 ☐ Schedule A-1 - Investments – schedule attached ☑ Schedule A-2 - Investments – schedule attached 	☐ Schedule C - Income, Loans, & Schedule D - Income - Gifts -	& Business Positions – schedule attached schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts -	Travel Payments - schedule attached
-or-		
L. None - Νο reportable	e interests on any schedule	
herein and in any attached schedules is true and complete. I acknowle		
I certify under penalty of perjury under the laws of the State of Ca	alifornia that	
Date Signed	Signature	
(moint, ac), Jean,		

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

PRACTICES COMMISSION

Please type or print in ink.

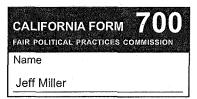
NAME OF FILER (LAST) 12 MAR 16	AM R. COC (MIDDLE)
Miller Jeff	AM 8: 00 12 MAR -8 PM 3: 12 M.
1. Office, Agency, or Court	RECISTRAR OF VOTERS
Agency Name	GOUNTY Gin the Office of the Secretary of State of the State of California
California State Assembly	or the State of California
Division, Board, Department, District, if applicable	Your Position MAR 1 2 2012
71st	State Assemblyman
▶ If filing for multiple positions, list below or on an attachment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	County of
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2011, through	Leaving Office: Date Left/
December 31, 2011or-	(Check one)
The period covered is/, through December 31, 2011.	 The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election Year 2012 Office sought, if dis	fferent than Part 1: State Senate, 31st District
4. Schedule Summary	
	I number of pages including this cover page:4
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
None - No reportable interes	ests on any schedule
5. Verification	
(c)(1)	
havein and in any attended askedules in two and any other last	this is a public decument
herein and in any attached schedules is true and complete. I acknowledge	
I certify under penalty of perjury under the laws of the State of Californ	nia that the (c)(1)
Date Signed March 1, 2012 S	ignature _
(month, day, year)	g official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA F	ORM	7	00
FAIR POLITICAL PRA	CTICES	COMMI	SSION
Name			
Jeff Miller		Mana Sear	
	E 12 8	Breen to 1	3

► 1. BUSINESS ENTITY OR TRUST	If UIG Office of the Secretary of Sta
Jeff Miller Insurance Agency	State of Samorna
Name 218 N. Lincoln Ave., #102 Corona CA 92882	Name MAR 1 2 2012
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Insurance	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 ☑ OVER \$100,000 □ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF SOURCE	
Farmers Group, Inc	Southern California Edison	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1415 L Street, Suite 1200	1201 K St., Suite 180	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Sacramento, CA 95814	Sacramento, CA 95814	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCR	IPTION OF GIFT(S)
1 / 30 / 11 \$ 150.00 golf event tickets	4 / 13 / 11 _{\$} 108.00 kings	tickets
	12 / 20 / 11 _{\$} 5.63 key h	older
	\$	
► NAME OF SOURCE	▶ NAME OF SOURCE	
Council of Legislative Excellence	CA Refuse Recycling Council	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
2150 River Plaza Dr., Suite 150	1121 L St., Suite 505	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Sacramento, CA 95814	Sacramento, CA 95814	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCR	IPTION OF GIFT(S)
2 / 8 / 11 \$ 75.45 food & beverage	5 / 17 / 11 s 40.00 food	& beverage
/\$	5 / 17 / 11 _{\$} 39.99 food 6	& beverage
	\$	
► NAME OF SOURCE	► NAME OF SOURCE	
CTIA-The Wireless Association	CA Building Assoc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1400 16th St., NW, Suite 600	1215 K St., Suite 1200	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Washington DC 20036	Sacramento, CA 95814	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRI	IPTION OF GIFT(S)
2 / 23 / 11 \$ 96.92 food & beverage	4 / 26 / 11 _{\$} 101.62 food 8	& beverage
	\$	
	\$	
Comments:		

SCHEDULE D Income - Gifts

CALIF			7(MMISS) (Note	
Name	-	1886 a conte		ialista magu	

	·			
► NAME OF SOURCE	▶ 1	NAME OF SOURC	E	
City of Los Angeles		Brutoco Engir	neering and Co	nstruction
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptab	le)
1400 K St., Suite 208		PO Box 3101	89	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	F	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
Sacramento, CA 95814	•	Fontana, CA	92331	
DATE (mm/dd/yy) VALUE DESCRIPTION OF		ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 31 / 11 \$ 450.00 airportpark-L	AX/ONT	12 , 19 , 11	\$214.55	case of wine
6 / 30 / 11	AX/ONT		\$	
9 / 30 / 11 \$ 220.00 airportpark-L	AX/ONT		\$	
► NAME OF SOURCE	▶ N	IAME OF SOURCE	Ε ,	
City of Los Angeles		Stronghold Er	ngineering, Inc.	
ADDRESS (Business Address Acceptable)	Α	DDRESS (Busines	ss Address Acceptabl	le)
1300 K St., Suite 208		2000 Market S	St.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	В	USINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
Sacramento, CA 95814		Riverside, CA	92501	
DATE (mm/dd/yy) VALUE DESCRIPTION OF		ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 11	AX/ONT	5 / 21 / 11	\$70.00	off road race tickets
\$			\$	and parking
\$			\$	
NAME OF SOURCE	▶ N	IAME OF SOURCE	=	
San Francisco 49ers				
ADDRESS (Business Address Acceptable)	A	DDRESS (Busines	s Address Acceptabl	e)
1400 K St., Suite 208				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	В	USINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Sacramento, CA 95814				
DATE (mm/dd/yy) VALUE DESCRIPTION OF	GIFT(S)	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 11 \$ 258.00 game tickets			\$	
<u> </u>	_		\$	
/	·		· \$	

RECEIVED FAIR POLITICAL PRACTICES COMMISSISCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

miller, Jeff

▶ 1. BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Jeff Miller Insurance Agency	Check one box:
Name	☐ INVESTMENT ☐ REAL PROPERTY
218 N. Lincoln Ave., #102 Corona, CA 92882	
Address (Business Address Acceptable)	- Allenander address of the second se
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: □ \$0 - \$1,999 □ \$2,000 - \$10,000 / / 11 / / 11	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
Over \$1,000,000	\$10,001 - \$100,000
NATURE OF INVESTMENT Sole Proprietorship Partnership	Over \$1,000,000
— Other	NATURE OF INTEREST
YOUR BUSINESS POSITION	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Leasehold Other
\$0 - \$499 \$\ \tag{\$\\$\$\$}\$\$ \$10,001 - \$100,000 \$\ \tag{\$\\$\$}\$\$ \$500 - \$1,000 \$\tag{\$\\$\$}\$\$ OVER \$100,000 \$\ \tag{\$\\$\$}\$\$ \$1,001 - \$10,000	Check box if additional schedules reporting investments or real property are attached
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) NONE	Comments:
Filer's Verification	
Print Name Jeff Miller	
Office, Agency or Court CA State Assembly, District 71	
	Assuming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	eviewed this statement and to the best of my knowledge the information
I certify under penalty of perjury under the laws of the State of	California (c)(1)
P-4- 0: 4-11-12 Filado	Cinnetus
Date Signed Filer's	Signature

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

Comments: _

2012 APR 12 PM 2: SCHEDULE D Income - Gifts



AMENDMENT

milke Jeff

		1.4160, 0013
NAME OF SOURCE		► NAME OF SOURCE
Farmers Group, Inc.		Southern California Edison
ADDRESS (Business Address Acceptal	ble)	ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1200		1201 K St., Suite 180
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814		Sacramento, CA 95814
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 30 , 11	game tickets	4 , 13 , 11
\$	And the state of t	12 , 20 , 11
/\$		
NAME OF SOURCE		NAME OF SOURCE
Council of Legislative Excell	ence	CA Refuse Recycling Council
ADDRESS (Business Address Acceptet		ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Suite		1121 L St., Suite 505
BUSINESS ACTIVITY, IF ANY, OF SOL		BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814		Sacramento, CA 95814
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 8 11 \$ 75.45	food & beverage	5 , 17 , 11 s 40.00 food & beverage
		5 , 17 , 11 \$ 39.99 food & beverage
\$		
NAME OF SOURCE		Filer's Verification
CTIA-The Wireless Associat	ion	Print Name Jeff Miller
ADDRESS (Business Address Acceptab	ole)	
1400 16th St., NW, Suite 60	0	Office, Agency or Court CA State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	_
Washington, DC 20036		Statement Type 🗵 2011/2012 Annual 🔲 Assuming 🔲 Leaving
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	Annual Candidate
2 , 23 , 11 \$ 96.92	food & beverage	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$		Date Signed(c)(1) 4-11-12
		Filer's Signatur
		V

RECEIVED FAIR POLITICAL PRACTICES COMMISSION SCHEDULE D 2012 APR 112c8m2: 56Gifts



AMENDMENT

Milke teff

	1,4,1,4
▶ NAME OF SOURCE	► NAME OF SOURCE
San Francisco 49ers	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K St., Suite 208	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 4 / 11	
/ / \$	
► NAME OF SOURCE	► NAME OF SOURCE
Brutoco Engineering and Construction	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 310189	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fontana, CA 92331	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 19 , 11 214.55 case of wine	
	
<u> </u>	
NAME OF SOURCE	Filer's Verification
Stronghold Enginering, Inc.	Print Name Jeff Miller
ADDRESS (Business Address Acceptable)	
2000 Market St.	Office, Agency or Court CA State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	★ A Company of the property of the propert
Riverside, CA 92501	Statement Type 2011/2012 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
5 , 21 , 11	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
and parking	I certify under penalty of perjury under the laws of the State of
	California that the foregoing is true and correct.
	Date Signed 4-11-12
	Date Signed(c)(1)
	Filer's Signature
Comments:	

PRACTICES COMMISSISCHEDULE E

2012 APR 12 PM 2: Income – Gifts
Travel Payments, Advances,
and Reimbursements



AMENDMENT

Milke, Jeff

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE	▶ NAME OF SOURCE
City of Los Angeles	City of Los Angeles
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K St., Suite 208	1400 K St., Suite 208
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Airport parking for legislative business	Airport parking for legislative business
DATE(S): 1 / 1 / 11 3 / 31 / 11 AMT: \$ 450.00	DATE(S): 7 / 1 / 11 9 / 30 / 11 AMT: \$ 220.00
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) 🗵 Gift 🔲 Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► NAME OF SOURCE	Filer's Verification
City of Los Angeles	loff Millor
ADDRESS (Business Address Acceptable)	Print Name Jeff Miller
1400 K St., Suite 208	Office, Agency or Court CA State Assembly District 71
CITY AND STATE	or Court OA Otate Assembly District 1
Sacramento, CA 95814	Statement Type 🗵 2011/2012 Annual 🗌 Assuming 🔲 Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
Airport Parking for legislative business	I have used all reasonable diligence in preparing this statement. I have
DATE(S): 4 / 1 / 11 - 6 / 30 / 11 AMT: \$ 500.00	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
(If gift)	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) 🕱 Gift 🔲 Income	California that the foregoing is true and correct.
	Date Signed 4-11-12
Made a Speech/Participated in a Panel	(c)(1)
Other - Provide Description	Filor's Signature
	Filer's Signature
Comments	
Comments:	

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

2012 APR 12 PM 2:56

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



AMENDMENT

Miller, Jeff

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

City of Los Angeles ADDRESS (Business Address Acceptable) 1400 K St., Suite 208 CITY AND STATE Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 1400 K St., Suite 208 CITY AND STATE Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		NAME OF SOURCE
1400 K St., Suite 208 CITY AND STATE Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		ADDRESS (Business Address Amentable)
CITY AND STATE Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		ADDITION (Business Address Acceptable)
Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3) Airport parking for legislative business DATE(S): 10 / 1 / 11		
Airport parking for legislative business DATE(S): 10 / 1 / 11		BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):		
TYPE OF PAYMENT: (must check one)		
Made a Speech/Participated in a Panel Made a Speech/Participated in a Panel Other - Provide Description NAME OF SOURCE	DATE(S): 10 / 1 / 11 - 12 / 31 / 11 AMT: \$ 60.00	DATE(S)://
Other - Provide Description ☐ Other - Provide Description ☐ Other - Provide Description ☐ Other - Provide Description ☐ Other - Provide Description ☐ Other - Provide Description ☐ Other - Provide Description ☐ DATE(S):	TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
Filer's Verification Print NameJeff Miller Office, Agency or Court CA State Assembly, District 71 Statement Type	☐ Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	Other - Provide Description	Other - Provide Description
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): (If gift) TYPE OF PAYMENT: (must check one) Made a Speech/Participated in a Panel Print Name Jeff Miller Office, Agency or Court CA State Assembly, District 71 Statement Type 2011/2012 Annual Assuming Lea Landidate I have used all reasonable diligence in preparing this statement. I reviewed this statement and to the best of my knowledge the inform contained herein and in any attached schedules is true and com I certify under penalty of perjury under the laws of the State California that the foregoing is true and correct. Date Signed 4-11-12		
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): (If gift) TYPE OF PAYMENT: (must check one) Made a Speech/Participated in a Panel Print Name Jeff Miller Office, Agency or Court CA State Assembly, District 71 Statement Type 2011/2012 Annual Assuming Lea Landidate I have used all reasonable diligence in preparing this statement. I reviewed this statement and to the best of my knowledge the inform contained herein and in any attached schedules is true and com I certify under penalty of perjury under the laws of the State California that the foregoing is true and correct. Date Signed 4-11-12		
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Office, Agency or Court CA State Assembly, District 71 Statement Type 2011/2012 Annual Assuming Least Annual Candidate DATE(S):/	NAME OF SOURCE	Filer's Verification
Office, Agency or Court CA State Assembly, District 71 Statement Type 2011/2012 Annual Assuming Least Annual Candidate DATE(S):/		Jeff Miller
Statement Type 2011/2012 Annual Assuming Lease Annual Assuming Lease Annual Assuming Lease Annual Assuming Lease Annual Annual Assuming Lease Annual Annual Assuming Lease Annual Annu	ADDRESS (Business Address Acceptable)	
Statement Type 2011/2012 Annual Assuming Lease Annual Assuming Lease Annual Assuming Lease Annual Assuming Lease Annual Annual Assuming Lease Annual Annual Assuming Lease Annual Annu		or Court CA State Assembly, District 71
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) DATE(S):/	CITY AND STATE	
I have used all reasonable diligence in preparing this statement. I reviewed this statement and to the best of my knowledge the inform contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and complete to contained herein and in any attached schedules is true and comple		
TYPE OF PAYMENT: (must check one) Gift Income Made a Speech/Participated in a Panel California that the foregoing is true and correct.	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
Contained herein and in any attached schedules is true and composition of the State		I have used all reasonable diligence in preparing this statement. I have
I certify under penalty of perjury under the laws of the Sta California that the foregoing is true and correct. Date Signed 4-11-12		
TYPE OF PAYMENT: (must check one) Gift Income Made a Speech/Participated in a Panel California that the foregoing is true and correct. Date Signed 4-11-12	DATE(S):/ AMT: \$	
Made a Speech/Participated in a Panel	TYPE OF PAYMENT: (must check one) Gift Income	
Other - Provide Description	Made a Speech/Participated in a Panel	1 1 Date Signed
	Other - Provide Description	
Filer's Signature _		Filer's Signature _
		\overline{V}
Comments:	Comments:	